Clerk ... the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF TI 02 DEC 20 PI

## **LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	1. Effective Date of Registration
2. House Identification Number	Senate Identification Number
REGISTRANT  3. Registrant name 5924 / Un f  Address / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7 /	Psvocates LLC Nu sinte 600
City US hinston	State OC Zip 20036
4. Principal place of business (if different from line 3) City	State/Zip (or Country)
202 508- 066 Contact	992 FRGS MS E-mail (optional)
6. General description of registrant's business or activities	/
CLIENT A Lobbying firm is required to file a separate registration in the land proceed to line 10. Self  7. Client mans   T  T  T  T  T  T  T  T  T  T  T  T  T	on for each climit. Organizations employing in-house lebbyists should check to
Address Paul Green bono	
City McLegn	State VA Zip 22/02
8. Principal place of business (if different from line 7)  City	State/Zip (or Country)
9. General description of client's business or activities  RCS   Paperty Gall ASSET	Management
LOBBYISTS  10. Name of each individual who has acted or is expected to	act as a lobbyist for the client identified on line 7. If any person a official" or "covered legislative branch official" within two year
Name	Covered Official Position (if applicable)
Gary Franks	
Form 1 (). 1 (Rev. 06/08)	

Registrant Name Jany	AlvinAu	000 <b>() (, Client N</b> i	020401528 - G +	Associates	# 
LOBBYING ISSUE  11. General lobbying issue a  RES	ES areas. Select all applica	ble codes list	ted in instructions and on th	e reverse side of Form LI	<b>≻</b> l, p
12. Specific lobbying issues Real Estate			genent cun	4/1/25	
<u>,                                     </u>	than the client that c nd in whole or in maj	or part plan	s, supervises or controls	the registrant's lobbyin	g act
No ⇒ Go to lin	ic 14.		1 Complete the rest of the the criteria above, the	an proceed to line 14.	
Name		Ad	khess	Principal Place of Busine (city and state or countr	
b) directly or in activities of c) is an affiliate of the lobbyi	tity that:  1 20% equitable owner of the client or any organic of the client or any organized activity?	in major pa snization ide	client or any organizations, supervises, constituted on line 13; OF a identified on line 13 and	trols, directs, finances (	or sul
No ⇒ Sign and da	ate the registration.		Yes I Complete the matching the registration.	rest of this section for criteria above, then sig	
Name	Address	:	Principal place of business (city and state or country	Amount of contribution for lobbying activities	O pr in
Signature	of som an	les	Da	te/2-9-02	<u></u>
Printed Name and Title	JARY 1	Runk	s, Kgatne.	υ	
Form LD-1 (Rev. 06/98)	•				